

ON OUR OWN
OF MARYLAND

Volume 30, Number 1 • April 2023

Network News

On Our Own of Maryland, Inc.

Contents

Community Mobilization and the Peer Support Movement	1
Welcome!	2
Peer Respite: National Leaders Discuss Healing Alternatives in Crisis Support	4
Stigma, Strangers, and Townsfolk	6
Connection & Creativity: Art and Young Adults	8
Recovery Story: The Importance of Connection	10
Access for All: Why Accessibility & Inclusion Matters	11
Highlights from the 2023 Legislative Session	12

We are a network of people with lived experience of mental health and/or substance use challenges and recovery journeys.

Community Mobilization and the Peer Support Movement

By Michelle Livshin

Community mobilization occurs when a community comes together to work towards a common goal, cause, social problem, or to address a health issue. When members of a community gather, ideas and new resources are shared, diverse voices and nuanced perspectives are represented, particularly of those who understand the issue or cause through direct lived experience, and change can occur through collective power and action.

In the 1970s, people with mental health lived experience united into a movement of consumers/survivors/ex-patients. They used the power of community to heal, support one another, uplift the voices and experiences of consumers, and ultimately, to gather and mobilize against the harm, trauma, and systemic mistreatment they experienced in state psychiatric hospitals. Various groups organized support groups, published consumer-led newsletters, advocated for hospitalized patients, lobbied for legislative change, and spoke out publicly regarding their experiences with treatment. Some fought for reform within the system, and others to grow self-help alternatives to the psychiatric system itself. Similarly, in the 1990s, people in substance use recovery began the New Recovery Advocacy Movement to change attitudes surrounding substance recovery, foster recovery-oriented policies and programs, and shine a light on intergenerational addiction cycles. Community power, mobilization, autonomy, and the elevation of the voices of lived experience continue to be at the heart of behavioral health advocacy today.

Peer leaders within our affiliated, peer-run Wellness & Recovery Centers have been integral to mobilizing change within their local jurisdictions to ensure the needs of their community members are heard and met. At On Our Own of Carroll County, one of our local affiliate centers, Executive Director Laurie Galloway has witnessed the devastating impact that the opioid epidemic has had on her local community. Recognizing the urgent need to prevent needless overdose deaths, Laurie has become a fierce advocate for educating the public on the importance of naloxone and the need to become trained to administer this overdose-reversing drug to save lives.

continues on page 3



Welcome!

As spring begins to bloom, leaving the winter behind, nature's through line continues – that thread that connects past to present, and present to future, coaxing change along the way. In this issue, we're exploring the idea of connection, in all of its myriad forms: with ourselves, each other, our communities, and the wider world. Here at On Our Own of Maryland, we're humbled and grateful to have a connection with you!

We know that connections are a central component of recovery from behavioral health challenges. They may take the form of a caring relationship with another human being, the therapeutic connection with a service animal, or our seemingly invisible connection with folks we may not even know. We invite you to explore the central role personal relationships can play in changing the trajectory of someone's life, and learn about the promise of peer respite, an innovative, effective way to support those in our communities who are in crisis. One area of connection that often receives little focus is our relationship with ourselves. Our article on internalized stigma explores the impact that social stigma can have on our esteem, perceived worth, choices, and actions, and teaches us what we can do to prevent and remediate this insidious threat to recovery.

Learn how our connections with the wider world can be safely, inclusively, and effectively enhanced using tools such as social media, and take a tour of some of the innovative ways young people are using art as a way to connect, heal, and learn.

Our legislative session here in Maryland just concluded, and the decisions made by our elected officials can have significant ramifications for our citizens. They can impact our ability to live self-directed lives with equitable access to services and support, thereby affecting our ability to be productive and valued members of our communities. Take a look at our legislative roundup to see what advocates worked so hard to achieve this session.

We'll leave you with this thought:

"It really boils down to this: that all life is interrelated. We are all caught in an inescapable network of mutuality, tied into a single garment of destiny. Whatever affects one destiny, affects all indirectly." – Martin Luther King Jr.

Jennifer Brown

Director of Community Engagement

Katie Rouse

Executive Director



Miss an issue? Looking for a workshop?

Visit our website for past editions of Network News and information about all our projects and initiatives.

onourownmd.org



**ON OUR OWN
OF MARYLAND**

On Our Own of Maryland, Inc. Board of Directors

President

Laurie Galloway

Vice President

Carolyn Cullison

Secretary

Kim Burton

Members

Diane Lane

Ken Jiretsu

Bryan Johnson

Danielle Johnson

Patrice O'Toole

Jim Raley

Frank Sullivan

Donna Wells

About Network News

Network News is published quarterly by On Our Own of Maryland, Inc., a registered 501(c)(3) nonprofit organization. Our financial statements are available upon request. Views expressed herein are those of the authors, not necessarily of the board members or funders of OOOMD. Newsletter materials may be reproduced without further permission, if credited, except for copyrighted items.

Community Mobilization and the Peer Support Movement*continued from page 1*

As one of Maryland's Overdose Response Programs – along with the Office of Consumer Advocates in Washington County, and On Our Own of Cecil County – On Our Own of Carroll County is authorized to distribute Naloxone to trained individuals and provide Naloxone administration trainings to anyone in the community. They have partnered with organizations and individuals throughout Carroll County to train over 115 individuals in the use of Naloxone over the past two years.

The word is spreading. The School of Social Work at McDaniel College has partnered with On Our Own of Carroll County to provide annual Naloxone trainings for their social work students. Behavioral health providers and members of the community regularly reach out to Laurie to receive Naloxone and get trained. Wherever she goes, whether it is meetings she attends, through social media, outreach, at community fairs, or even personally to individuals in the community, she spreads the message that Naloxone can save lives. She says “if you have a conversation with me, we’ve most likely talked about Naloxone before the conversation is over.” Today, Laurie sometimes gets calls letting her know that the Naloxone that she distributed was used and saved an individual’s life.

Throughout our network of affiliated centers, peer leaders are listening to the needs of their local members,

gathering together, and mobilizing toward change. As another notable example, our affiliate center in Baltimore City, Helping Other People through Empowerment (H.O.P.E.) witnessed the barriers individuals face to receiving their Certified Peer Recovery Specialist (CPRS) accreditation: having the financial means to pay for classes, identifying the classes to meet the required domains, identifying a peer supervisor, and more. To address this need, HOPE developed the Path to CPRS Program with funding from the Mayor’s Office of Employment Development and Behavioral Health System of Baltimore. The program provides CPRS trainings, internship placement, supervision hours, and individualized support for resume development, employment assistance and more. This important program is supporting peers with obtaining employment that feels meaningful and utilizes their lived experience.

Peer leaders throughout Maryland are mobilizing to share the power and impact of peer support services and build community support for increased funding to increase staff wages, expand programming, and ensure sustainability and growth. In the '70s, consumers gathered to uplift voices of lived experience, facilitate systems change, and foster safe alternatives. Advocacy and community mobilization remain at the heart of the peer support movement today, as peer leaders continue to unite communities to impact change. ■



Peer Respite: National Leaders Discuss Healing Alternatives in Crisis Support

By Marcie Jones

"When you're having a crisis, where would you like to go? A hospital? Or somewhere that looks like a bed and breakfast and that's filled with compassion, love, empathy, and understanding?"

The question was posed by Steve Miccio, CEO of People USA during On Our Own of Maryland's Peer Respite virtual symposium on March 16.

It's the question at the heart of OOOMD's six-month feasibility study to explore the possibility of bringing peer respite to Central Maryland, a project aligned with the Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership. How can our community best support individuals in crisis, and create the sort of safe, healing and empowering behavioral health support systems that we ourselves would want to use?

Nearly 60 stakeholders from across the region tuned in to hear from national peer respite experts Steve Miccio of People USA in Poughkeepsie, NY (Rose House model); Vesper Moore, COO of Kiva Centers in Worcester, MA; and Cherene Caraco, CEO of Promise Resource Network in Charlotte, NC. In addition, there were representatives from the Behavioral Health Administration, Maryland Department of Health and from Behavioral Health Systems Baltimore, which hosts the GBRICS Partnership project.

During the symposium, experts tackled common questions about peer respite operations and discussed important considerations for local communities. "Reducing unnecessary police and emergency department interaction for someone experiencing a behavioral health crisis is really our North Star," remarked Dan Rabbitt, policy director for Behavioral Health Systems Baltimore, which is sponsoring the feasibility study. "Everything that we're doing is in service of trying to achieve that goal."



Vesper Moore (Kiva Centers), Katie Rouse (OOOMD), Steve Miccio (People USA), and Cherene Caraco (Promise Resource Network) fielding questions.

"There is no conversation that starts with 'shackles and restraints are healing,'" emphasized Cherene Caraco.

For those unfamiliar, peer respite is a voluntary, short-term residential program, typically located in a residential house, and staffed by people with lived experience that may include mental illness, psychiatric hospitalizations, homelessness, incarceration, substance use, or trauma. Peer respites are designed to be open 24/7/365, be available at no cost for guests, and be highly accessible with the lowest possible barriers to entry. They are voluntary and unlocked, allowing guests to continue employment, schooling and other self-defined meaningful activities during their stay, which is typically about 5–10 days.

Peer respite is a concept that 15 other states have embraced, and others are currently exploring. Peer respites support crisis system diversion and cost control, as the price of a respite stay is about 10-25% less than that of an inpatient hospital stay. The savings continue into the future, with research showing that former peer respite guests are about 70 percent less likely to use inpatient or emergency services later on.¹

1 Croft B, Ísvan N. Impact of the 2nd story peer respite program on use of inpatient and emergency services. *Psychiatr Serv*. 2015 Jun;66(6):632-7. doi: 10.1176/appi.ps.201400266. Epub 2015 Mar 1. PMID: 25726982.

At a respite, guests engage in mutual self-directed healing activities, starting with support from peer staff to explore and understand what happened that caused the crisis. Guests are encouraged to explore the relationship between overall wellness, their mental health and their current situation, and to build skills and resources that can help them in times of distress. Peer respite houses offer many of the same supports as Wellness & Recovery Centers, including groups run by trained facilitators to support guests struggling with trauma, grief and loss, hearing voices, anxiety or suicidal ideation, as well as activities such as art, music, and gardening. Guests are connected to resources such as housing, employment, and ongoing preventative care, and also to the larger community through fun activities like bowling, farmer's market shopping, and movies.

Said Kiva House COO Vesper Moore, "regardless of their background and their experiences, we treat each guest the same way- with the full intention of this as a community space, where you can express what you

need. We have so much to offer, and also the opportunity to take time to rest, take time to take care of yourself. And together, we are working as a community to reflect, to build, to find what we are looking for for ourselves."

"We are an organization that's run by psychiatric survivors, trauma survivors, people in substance use recovery, this variety of experiences. And what the commonality there is, is that often society can view us as disposable, and that's a part of a larger issue rooted in a lot of different things. But that's what led us to the creation and the implementation of so many lived experience-run, peer-run initiatives that we have come to grow over the years. We need to show what we already know, which is that this model works."

OOOMD's feasibility study will culminate in a recommendations report and business plan to support next steps in making peer respite a reality in Maryland. ■

[Watch the symposium on our YouTube Channel](#)

Images from Promise Resource Network's peer respite house in Charlotte, North Carolina.



Stigma, Strangers, and Townsfolk

By R.J. Barna

Stigma is a harmful disconnection caused by prejudging others: thinking, speaking, and acting on what we “know” before taking the time to learn the truth. We’ve all experienced prejudging others and being prejudged to varying degrees and for various reasons. It can be intentional or unintentional. It may be rooted in rumor, past experience, or even partial fact. It could be well-intentioned – *Oh, you’re X? My cousin is too, and they just needed Y* – but even then, it’s still harmful.

Stigma occupies the space where people might be received and truly known. When prejudgment of another overshadows that person’s value, it makes genuine connection between the perceiver and the perceived impossible. Stigma keeps us strangers. And if you start to believe the stigma, you can even become a stranger to yourself.

Stigma and Internalized Stigma

Remember that classic Western setup? Townsfolk are gathered around tables, having a great time while a piano plays. The doors swing open, and heavy footsteps signal the arrival of a stranger. The music and laughter stop. All eyes turn. It is quite clear that this new person is unwelcome. This person is prejudged as a source of trouble. The townsfolk have made up their minds before a word is spoken that this person does not belong.

In a good fiction story, the stranger marches in and finds an opportunity to prove them wrong, usually by running off an evil baron, rescuing some lost townsfolk, or finding a forgotten treasure. But imagine if that person doesn’t have an opportunity, or wasn’t given one. Would they start to believe the townsfolk and just go home?

According to Corrigan and Rao (2012), internalized stigma (or self-stigma) is a process of harm that moves from awareness of perceived beliefs (the stranger senses the tension in the room) to agreement with them (*I don’t belong here*) and eventual self-application (*Why try to prove them wrong?*). While it starts with what others think, it can eventually become how we see ourselves and even how we start to act.

The Harms of Internalized Stigma

In addition to the immediate disconnection from one’s self and those around them, internalized stigma’s impact can be compounded and long-lasting. Loss of faith in oneself could prevent someone from applying for a good job, exploring new interests, or maintaining social relationships. Internalized stigma can also interfere with recovery and worsen the severity of behavioral health challenges, leading people to believe they will never get better, aren’t worthy of help, or tragically, even have value at all.

Speaking Out

Facing stigma is possible. In our metaphor, the stranger who rolled into town isn’t as unfamiliar as the townsfolk think. According to Mental Health America (2022), 19.86% of adults in the U.S. have reported a mental health challenge, and SAMHSA (2021) reports 13.76% of Americans age 12 and older meet the DSM-5’s diagnostic criteria for substance use disorder.

Because behavioral health challenges are so common, many advocate for speaking openly about them, but that may not be the comfortable choice for everyone. A 2019 national poll from the American Psychiatric Association, for example, found that “millennials were almost twice as likely as baby boomers to be comfortable discussing their mental health.” It really depends on the person and the townsfolk.

Familiarity isn’t something that usually happens all at once either. Just because we may want to discuss our behavioral health situation doesn’t mean we are necessarily ready or even know the best way to do so with any particular person. Some folks like to listen. Some folks like to talk. Some folks are activated by words, phrases, or even how they’re said – too direct or indirect, tone, situation of the speaker, etc. We often need to peel away the layers of prejudgment and expectation in order to find the best approach.

It may take time and varying degrees of disclosure to build a healthy connection with others. Sometimes we avoid broaching a topic until we hear a person suggest



they may be open to it. Other times we may hint at it a few times until that person seems ready. It might also be something we talk about proudly every time. Corrigan and Rao (2012) detail a spectrum of “disclosure,” including broadcasting (kicking the doors wide open), indiscriminate disclosure (sharing with anyone, but only if they ask), selective disclosure (telling those who might understand), social avoidance (riding right through town), and secrecy (telling no one).

Obviously, these kinds of disclosure vary in degree of risk and reward, and that will be unique to every situation. Not telling everyone I meet about my behavioral health challenges carries very little risk, while keeping that information secret from my partner could be harmful to our relationship. Similarly, standing up to someone I overhear sharing stigmatizing comments about “people like me” may risk my safety more than challenging the same comments of a loved one, or vice versa. And if the reward – connecting with another person – isn’t worth that risk, it may be better for us to focus on connecting or reconnecting with ourselves instead.

Altering Beliefs and Enhancing Skills

Facing internalized stigma is also possible. Another 2012 study found two common methods for possible success: “one, interventions that attempt to alter the stigmatizing beliefs and attitudes of the individual; and two, interventions that enhance skills for coping with

self-stigma through improvements in self-esteem, empowerment, and help-seeking behavior.” (Mittal, et al.)

For those who find conventional therapy helpful to their individual recovery, cognitive behavioral therapy may be worth considering. Veterans Affairs psychologists (2019) and veterans have found a reduction of internalized stigma stemming from common, “You’re stronger than that,” attitudes through exercises like roleplay and problem-solving skill development. An important part of the process is to “delegitimize stigmatizing messages as untrue, ignorant, and harmful,” for example, by teaching ourselves to counter limiting thoughts like, “Why try?,” with a reflexive response of “Why not try?” (VA News). Instead of being overwhelmed by the burden of justifying an action, it instead becomes easier and perfectly reasonable to weigh its potential outcomes.

Other forms of positive thinking and visualizing success have long been common tools of wellness. For those who are so inclined, meditation may be a powerful experience to be grounded by personal affirmations or connected with higher powers and ideals. Utilitarian approaches may include journaling or focusing: allowing oneself the time and space to feel and taking some control over those feelings of stigma by naming them or putting an experience into words. Challenging internalized stigma is possible when we remind ourselves that a) internalized stigma is not our fault, b) we are more than our diagnoses, and c) our awareness of self can promote positive change.

continues on page 14

Connection & Creativity: Art and Young Adults

By Kris Locus

One of the most powerful aspects of art is its ability to create shared experiences. Through authentic connections, we can create mutual empowerment and hopefully gain a better understanding of ourselves and each other. This is the beauty of art, that it can be both personal and universal. In a world that can sometimes move quickly and demand so much, young adults are using art to slow down, cherish their intuition, and connect with the world around them. This is an invitation for us all.

Art as a Bridge

Art reminds us of our collective humanity and our ability to promote understanding and acceptance of diverse perspectives. Art can help people feel seen and heard, which can then validate their experiences and identities. Creating art and experiencing it both require openness, vulnerability, and a willingness to let our guards down. It is an exchange of compassion and respect that can transcend words. Feeling connected to others is essential in cultivating strong and resilient communities.

Jordan Mangiafico, Programs and Operations Manager at On Our Own of Frederick County, is doing just that. As a self-described “art girl” who has dabbled in a little bit of everything from poetry writing to upcycling, from church choir to interior design, she is bringing together her community to participate in the joy of art by partnering with a local art center, The Delaplaine Arts Center. Starting in May, in addition to arts and crafts Tuesdays, anyone in the community of OOOFC can start doing woodworking, ceramics, visual journaling, and much more for free.

This has been a full circle moment for Jordan, who walked into OOOFC one year ago in February to become a volunteer when she was ready to start her recovery journey. “During my time of recovery, anytime I felt these emotions where I would usually pick up my drug of choice, I would turn to art. I would paint a picture or I would write a poem.” Jordan shared that she was searching for more ways to enjoy art and was elated to cultivate a partnership with The Delaplaine Arts Center for her community. “If I have a tool or a resource that helps me, why would I not give it to somebody who needs it? I like

to be helpful and resourceful and supportive. So if I find something that helped me in my journey for recovery, then I’m gonna definitely share that tool.”



Sunset Date, Kate Kuc, 2022, digital painting

Art as a Healer

It is undeniable that art can help with healing, and art therapy is increasingly offered by mental health providers. Art therapy is a form of psychotherapy that uses the creative process of making art to improve a person’s physical, mental, and emotional well-being. It can serve as a container to hold the emotions that are sometimes difficult to process like shame or grief. One of the ways art therapy works is by allowing people to express their emotions in a non-verbal way. This can be especially helpful for people who find it difficult to talk about their experiences or who have difficulty accessing their emotions. By creating art, individuals can explore their thoughts and feelings in a safe and supportive environment.

This is absolutely the case for senior illustration student at Towson University, Kate Kuc. After many therapists, Kate realized that there was something missing in her healing journey. “Therapists have always been ‘you’re very self aware, you’re very smart, you’re intelligent. You know the whys, the wheres, the whens and the hows,’ but no one ever noticed that I was detach[ed] from the actual

feelings.” She says, “creating art helps me to feel feelings in the body instead of just intellectualizing them.”

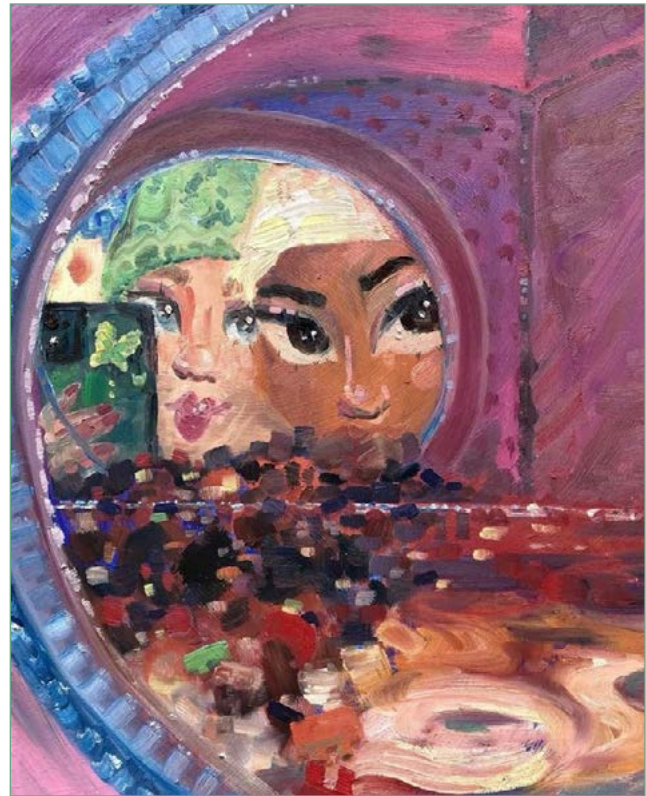
Kate shares that in the past, she leaned on more isolated ways of healing which left her lacking community and felt like a shift needed to happen – she wanted to connect with her body and her feelings more. That’s where art came in. “I wanted these paintings to not just be a reminder, but a redirection into more joyous thinking. What’s going well? What feels good to me? What is stronger than what’s hurting right now? I can[then] shift my thinking into putting more emphasis on that rather than what I feel is holding me back. Ultimately [that] keeps me moving forward.”

Traditionally, when speaking about healing from trauma, it is often the tough work that is focused on, however Kate decided to lean into joy. “The ‘Phoebe’ or the ‘Critters’ art on my website ... I was doing that while going back to school part time and doing [an] intensive outpatient program. So being able to put my energy into making something that’s playful and fun acts simultaneously as an escape from the negative headspace that I was trying to get away from while also trying to build a new headspace ... it helps me experiment with joy in a way that feels safe but also real because I’m creating my own world”. As we heal, we can foster more authentic connections within ourselves and with others.

Art as a Teacher

Art is a universal language that transcends cultural, linguistic and social barriers, and is accessible to everyone regardless of age, background or skill level. There is no right or wrong way to create or experience it. It is also a powerful tool for cultural exchange which can help break down stereotypes and stigma, opening us up to empathy, compassion, and an appreciation of diversity. Art can also make complex topics like social justice, mental health and environmentalism more accessible and digestible. Visual aspects, metaphors, storytelling, music, and performances can present art in a relatable and understandable way which can help people engage with and understand difficult concepts.

Sean Driscoll, CPRS, Peer Trainer and Consultant for University of Maryland, had the idea of accessibility in mind when creating the *Music for Sound and Self-Care* training for OOOMD’s TAY Academy in 2022. Sean tackles complex topics such as emotional regulation, solfeggio frequencies, and how different sound frequencies can



Lego Store, Kate Kuc, 2023, oil paint on cardboard

have healing properties. “I basically get people to think about the types of genres, artists and songs that they listen to when they’re in a certain mood ... and [how] it will impact their mood going forward ... How does the music that you listen to impact how you feel?”

For Sean, listening to and creating music is what helped him focus and quiet his thoughts. Now he’s able to inspire and educate others to do the same. “When I was hospitalized, music was a big part of my recovery and as I’ve gotten older, I’ve learned more about sound and the power that sound really has and it caused me to want to create this training in order to help people utilize sound for healing.”

By creating and experiencing art, we can build empathy, understanding, and respect for one another, leading to a more compassionate and inclusive society. It can bring us closer to our true selves by helping us connect with our innermost thoughts, feelings, and desires, and by encouraging us to express ourselves in a way that is authentic and meaningful to us. Ultimately, art is a powerful force for bringing people together, promoting healing, and building a brighter future for all and can serve as a reminder of our shared humanity and our collective potential for growth and connection. ■

Recovery Story: The Importance of Connection

By Huck Talwar

Recovery, though a deeply personal and self-determined journey, always benefits from outside support. The connections we make along the way shape the way we look at life, recovery, and hardships. I spoke with Gabrielle “Gabby” Bozman (they/them), an individual in long-term recovery from substance use disorder (SUD), who is proof that recovery is worth the time and effort that it takes. To get a better picture of Gabby’s recovery journey, let’s start with their past.

Before Gabby started their recovery journey, they were a self-identified “queen of the streets.” Having an emotionally unavailable mother and an alcoholic father shaped the patterns that developed during adolescence and early adulthood. Not only did they engage in using drugs, they also sold them, lived in their car and trap houses (places where illicit drugs are sold), sold their body, and adopted an entirely different personality than what is present today. With a warped vision of reality, Gabby felt comfortable in this area of interest.

When Gabby was 23 years old, they decided it was time for a change. While a lot of people have a single “deciding factor” that leads them to turn things around, Gabby had small events and interactions that led them to realize they needed a change – and then act on that realization. They had “been to over 10 treatment facilities, lost communication with my family [and] friends, degraded my body, my mind, and my soul, and I made the decision to go to the last rehab I have ever been to.” After just 10 days, Gabby decided to leave against medical advice as they felt that the program was not effective. With more and more post-rehab interactions with others—peers, professionals, recovery coaches, as well as introspection, Gabby wanted better for themselves and saw many counselors and mental health professionals that “afforded [them] pieces to the puzzle of recovery.”

Connection was immensely important to Gabby; the connection with others who have similar experiences and have been in recovery for a long time made Gabby want to make positive changes to themselves and their life. To Gabby, connection is “the shared feeling between two living creatures that creates an alignment of mind, body, & soul.” They describe it as “euphoric



Gabrielle “Gabby” Bozman

understanding,” and state boldly that “life is nothing without it.” Connection plays a big role in the recovery process, from peer connection to therapeutic connection. Without it, Gabby says that “we are ... isolated and devoid of emotion ... [Connection] allows healing and hope to enter our dark subconscious and start to form a new version of reality ... We all need to be validated, heard, and understood.” The connections that Gabby found on the path to recovery offered them the opportunity to experience all three.

With this journey came time to be introspective and explore the innermost thoughts and feelings that had been put on the back burner. It also came with a new perspective on how different things affect the body – not only substances, but nutrition as well. Through healing these two, Gabby was able to work on their own life purpose.

Access for All: Why Accessibility & Inclusion Matters

By: Kris McElroy

When it comes to connecting with people and organizing communities, accessibility and inclusion should be at the forefront of planning. The Centers for Disease Control and Prevention estimate that one in four Americans lives with some form of disability, which can present an individual with many types of challenges that can potentially impact making connections as well as their experiences of inclusion, equity, and access.

In organizations, accessibility and inclusive practices play a significant role in community engagement, productivity, funding, meeting standards of the Americans with Disabilities Act, organizational culture, growth, and allowing people from all walks of life to participate to the fullest extent possible. Here are a few important tips to help your organization create a culture of inclusion and access for all in the virtual world.

1. **Alt Text:** When posting social media content, ensure you are using the alt text feature to describe images connected to the content.
2. **Closed Captioning:** Make sure closed captioning is available for all videos and audio files embedded within websites and social media content. Many virtual meeting apps can automatically provide closed captioning.
3. **Know Your Audience:** Get to know your community – what their needs are, what their values are, what barriers they face – and create opportunities for voice and participation in a variety of ways.
4. **Advertise Accessibility:** Make sure accessibility information is a part of marketing materials. Additionally, create a user-friendly platform for accommodations to be requested, and follow through on these requests.
5. **Take a 360° View:** Consider all angles of access, such as mobility, sensory, cognitive, trauma-informed, vision-impaired, hearing-loss, neurodiversity, etc.
6. **Use Technology:** Consider using a website accessibility checker such as [accessScan](#) to ensure website accessibility is not a barrier to making connections with the community in the virtual world.
7. **Continue Learning:** Check out these two helpful resources to learn more in supporting your organization: [Six Tips To Keep In Mind When Creating Accessible Virtual Meetings](#) and [Promoting Inclusive Practices in the Community](#). ■



Highlights from the 2023 Legislative Session

By Michelle Livshin

Maryland's 2023 Legislative Session drew to a close on April 10, 2023. This year's session was packed with legislation to address the growing urgent need to improve access and reduce barriers to affordable, comprehensive, and quality behavioral health services.

Increasing Access to Affordable, Comprehensive Community-Based Behavioral Health Care

Gender-Affirming Treatment (Trans Health Equity Act) (HB 283 / SB 460 – Passed)

The Trans Health Equity Act Bill ensures coverage is provided through Maryland Medicaid for all medically necessary gender-affirming care. After being introduced in the 2022 session, we are thrilled to see that this bill has finally passed thanks to dedicated advocacy efforts from the Trans Rights Advocacy Coalition chaired by the Mental Health Association of Maryland, FreeState Justice, Baltimore Safe Haven, and Disability Rights Maryland, in partnership with numerous other organizations, including OOMD. This bill has passed both chambers.

Certified Community Behavioral Health Clinics (SB 362 – Passed)

The bill would also require the state to apply for federal funding to expand the state's network of Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs are 24/7 clinics that provide anyone, regardless of their diagnosis and insurance status, with a comprehensive range of integrated, evidence-based outpatient mental health and substance use services. There are more than 500 CCBHCs across 46 states in the US. Outcomes of this model show increased access to care, significant reduction in wait times and number of psychiatric hospitalizations, and the creation and retention of more behavioral health professionals, including peer support specialists.¹ This bill has passed both chambers.

Collaborative Care Model Services (HB 48 / SB 101 – Passed)

For a variety of reasons, it has become increasingly common for individuals to receive their mental health or substance use care through the same primary care provider they use for physical health management. Through the Collaborative Care Model (CoCM), a primary care provider is connected with a team of BH specialists who work together to coordinate care, create a goal-based plan, and ensure supportive follow-up. Private health insurers and Medicare already provide coverage for CoCM in Maryland; this bill would expand coverage to Medicaid as well. The bill has been passed by both chambers.

Expanding Trauma-Informed Crisis Support

988 Trust Fund (HB 271 / SB 3 – Passed)

In July 2022, the 988 National Suicide & Crisis Lifeline went live throughout the country. Anyone experiencing a mental health or substance use related crisis can call, text, or chat the 988 hotline and receive live support from a trained professional and connection to local BH resources free of charge. 988 helps divert calls to 911 and decrease reliance on law enforcement as the available first responder for a BH crisis. The 988 Trust Fund bill invests 12 million dollars toward funding the 988 call centers and bolstering the continuum of crisis support services including mobile crisis teams, crisis stabilization centers, and other acute behavioral healthcare services. The bill has been passed by both chambers.

Mental Health Advance Directives (SB 154 – Passed)

Maryland law gives individuals the right to forecast decisions regarding their healthcare through the process of creating an advance directive. Mental Health Advance Directives (MHADs) include important medical history, specific guidance on acceptable or rejected types of treatment (e.g. medication, modalities, treatment

1 National Council for Mental Well Being. (2022). (publication). *2022 CCBHC Impact Report*. Retrieved from <https://www.thenationalcouncil.org/wp-content/uploads/2022/10/2022-CCBHC-Impact-Report.pdf>.

settings), and appointment of a health care agent. MHADs protect autonomy and prevent unintended harm, but lack of awareness and standards for access creates significant barriers to their effective use. This bill will launch a public awareness campaign to promote the use of MHADs and task the state to study how MHADs can be made accessible for first responders and crisis service providers. The bill has been passed by both chambers.

***“Good Samaritan” Medical Emergency Immunity
(HB 427 / SB 546 – Passed)***

Maryland’s current “good Samaritan” law protects individuals experiencing a drug or alcohol overdose, and those providing assistance, from threat of arrest or prosecution when seeking medical assistance. However, under the current law, individuals experiencing an overdose can still be charged with parole and probation violations related to several minor drug and alcohol offenses. This bill would expand the law to provide immunity from these violations if the individual experiencing an overdose is receiving medical assistance. This critical bill has been passed by both chambers.

Defending Civil Rights and Consumer Choice

***Assisted Outpatient Treatment Programs
(HB 823 / SB 480 – Not Passed)***

OOOMD strongly opposes the use of forced treatment as inherently harmful, traumatic, and a substantial deprivation of civil liberties. The Assisted Outpatient Treatment (AOT) bill would have expanded forced treatment in Maryland in a significant way, with potentially dangerous implications for consumers. This bill would authorize any county in Maryland to establish court-ordered commitment to outpatient mental health treatment via an AOT program in their jurisdiction.

Through our network, we have heard numerous stories illustrating the intensity and negative impact of forced treatment experiences. AOT programs fail to acknowledge known evidence about how to best support the recovery process, fail to address structural barriers to seeking and receiving effective behavioral health services, and don’t leverage voluntary best practices to achieve the same or better results. While this bill did not complete the legislative process this year, the peer community must continue to advocate for our rights. ■

Building Connections Through Social Media

By Kris McElroy

Everyone has a story to tell. Advocacy work, social change movements, recovery roads, and connections are all built upon these stories. As we share our stories, we create endless possibilities for building connections across communities near and far.

Social media has expanded the capabilities of non-profit organizations to engage with the community and grow their network. But, what are the best ways to grow a social media audience? Here are some tips to get started:

1. Monitor how you are reaching your target audience and explore growth opportunities by looking at the number of followers and their level of engagement.
2. Post often and create quality posts that connect with your audience, making sure your content aligns with your mission and values.
3. SMART goals (Specific, Measurable, Achievable, Relevant, and Time-Bound) can support efforts to meet both immediate and long-term goals. For example, “increase Instagram followers by 25% in FY24 through increasing weekly engagement by posting three times weekly and responding to comments and messages within 48 hours.”
4. Follow similar organizations that have had success with their social media growth strategies while engaging by commenting on their posts, sharing relevant content, and exploring their connections.
5. Build your brand through having a visible logo on all social media accounts and up-to-date contact information.
6. Remember that followers are people, organizations, partners, and connections. The possibilities of who you can reach and connect with are endless. ■

Stigma, Strangers, and Townsfolk continued from page 7

Connection Counters Stigma

Connection counters stigma, because making space to learn from, with, and about others helps us to see them as more than strangers and overcome the harmful impact of prejudgement. Connection is a skill we can practice through many forms of disclosure – what to say and when. And even though we may be working on ourselves, the Mayo Clinic (2017) reminds us that support from friends, groups, and organizations reduces the negative impacts of isolation while also helping us learn about ourselves by being open to other perspectives, so it's equally important to seek out those connections.

References

- Corrigan PW, Rao D. On the self-stigma of mental illness: stages, disclosure, and strategies for change. *Can J Psychiatry*. 2012 Aug;57(8):464-9. doi: 10.1177/070674371205700804. PMID: 22854028; PMCID: PMC3610943.
- Mayo Foundation for Medical Education and Research. (2017, May 24). *Mental health: Overcoming the stigma of mental illness*. Mayo Clinic. Retrieved April 3, 2023, from <https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477>
- Minot, D. (2022, July 14). *There is hope*. Behavioral Health News. Retrieved April 3, 2023, from <https://behavioralhealthnews.org/there-is-hope/>
- Mittal, D., Sullivan, G., Chekuri, L., Allee, E., & Corrigan, P.W. (2012). Empirical studies of self-stigma reduction strategies: A critical review

Whether external or internal, stigma is all too common in our lives and presents a substantial barrier to behavioral health recovery. It's hard not to feel "strange" when everyone treats you like a stranger. We can face internalized stigma by challenging our beliefs and practicing empowerment skills, but really, "curing it lies with the community in which one lives," because that's where the stigma began (Corrigan & Rao, 2012).

We need to face it together. In our towns and with our folks, we need to make space for others and challenge stigma before it does damage, including the internalization of those messages. We can create change through increased awareness of our unique situations; education about beliefs and skills; and contact with those we hope to better understand. ■

of the literature. *Psychiatric Services*, 63(10), 974–981. <https://doi.org/10.1176/appi.ps.201100459>

National Survey on Drug Use and health. SAMHSA.gov. (n.d.). Retrieved April 3, 2023, from <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>

Stigma, prejudice and discrimination against people with mental illness. Psychiatry.org - Stigma, Prejudice and Discrimination Against People with Mental Illness. (n.d.). Retrieved April 3, 2023, from <https://www.psychiatry.org/patients-families/stigma-and-discrimination>

VA psychologists help veterans overcome self-stigma. VA News. (2019, August 26). Retrieved April 3, 2023, from <https://news.va.gov/64887/va-psychologists-help-veterans-overcome-self-stigma/>

<https://www.samhsa.gov/data/sites/default/files/2022-12/2021NS-DUHFHFRHighlights092722.pdf>

Recovery Story: The Importance of Connection

continued from previous page

Now, Gabby's life looks a lot different than during their time spent on the streets. Never believing that they would "give up the needle," Gabby is now far along in recovery and is thankful for each day that they are able to live in the city and not revert to old addictions. Gabby makes sure to mention that "life doesn't get easier; the way you learn how to handle it does." In speaking of handling the hardships of life, Gabby talks about the

importance of vulnerability and openness, and their monumental effects on the recovery process. By sharing the pain we feel, we can begin to overcome it. But they also acknowledge that vulnerability and openness are most helpful when done at a pace that is comfortable for the individual in recovery. We know that recovery can be a difficult and uncomfortable journey at times, but Gabby leaves us with this hopeful quote to inspire us to keep moving forward: "Pain is the craft entering the apprentice." ■

Wellness & Recovery Organizations

STATEWIDE

On Our Own of Maryland, Inc.
7310 Esquire Ct
Elkridge, MD 21075
410-540-9020
onourownmd.org

Main Street Housing, Inc.
7310 Esquire Ct
Elkridge, MD 21075
410-540-9067
mainstreethousing.org

ALLEGANY COUNTY

HOPE Station (OCA, Inc.)
632 N Centre St
Cumberland, MD 21502
240-362-7168
ocamd.org

ANNE ARUNDEL COUNTY

On Our Own of Anne Arundel County, Inc.
132 Holiday Ct, #210
Annapolis, MD 21401
410-224-0116
onourownannapolis@gmail.com

BALTIMORE CITY

Hearts & Ears, Inc. ‡
611 Park Ave, Suite A
Baltimore, MD 21201
410-523-1694
heartsandears.org

Helping Other People Through Empowerment, Inc.
2828 Loch Raven Rd
Baltimore, MD 21218
410-327-5830
hopebaltimore.com

On Our Own Charles Village Center
2225 N Charles St, 3rd Floor
Baltimore, MD 21218
443-610-5956
tonyw21214@aol.com

On Our Own
1900 E Northern Pwky, Ste 309
Baltimore, MD 21239
410-444-4500
onourownbaltimore.org

BALTIMORE COUNTY

On Our Own Catonsville Center
7 Bloomsbury Ave
Catonsville, MD 21228
410-747-4492, x1203

On Our Own Dundalk & One Voice
299 Willow Spring Rd
Dundalk, MD 21222
410-282-1706
onourownbaltimore.org

On Our Own Towson Center
Sheppard Pratt
Gibson Building
6501 N Charles St
Towson, MD 21285
410-494-4163
towsonooo@outlook.com

Marty Log Wellness & Recovery Center (Prologue, Inc.) *
3 Milford Mill Road
Pikesville, MD 21208
410-653-6190
briankorzec@prologueinc.org

CALVERT COUNTY

On Our Own of Calvert, Inc.
120 Jibsail Dr
Prince Frederick, MD 20678
410-535-7576
onourownofcalvert@comcast.net

CARROLL COUNTY

On Our Own of Carroll County, Inc.
265 E Main St, Suite C
P.O. Box 1174
Westminster, MD 21158
410-751-6600
onourownofcarrollcounty.org

CECIL COUNTY

On Our Own of Cecil County
223 E Main St
Elkton, MD 21921
410-392-4228
cpounds.onourown@gmail.com

CHARLES COUNTY

Wellness and Recovery Community Center (Charles County Freedom Landing) *
400 Potomac St
P.O. Box 939
La Plata, MD 20646
301-932-2737

EASTERN SHORE

Caroline, Dorchester, Kent, Queen Anne's, & Talbot Counties:

Chesapeake Voyagers, Inc.
607 Dutchmans Ln
Easton, MD 21601
410-822-1601
chesapeakevoyagers.org

Somerset, Worcester, & Wicomico Counties:

Lower Shore Friends, Inc.
207 Maryland Ave, Ste 4 & 5
P.O. Box 3508
Salisbury, MD 21802
410-334-2173
wlmrstr@aol.com

FREDERICK COUNTY

On Our Own of Frederick County, Inc.
22 S Market St, Suite 110
Frederick, MD 21701
301-620-0555
onourownfrederick.org

GARRETT COUNTY

Mountain Haven (OCA, Inc.)
206 E Alder St
Oakland, MD 21550
301-334-1314
ocamd.org

HARFORD COUNTY

New Day Wellness & Recovery Center
126 N Philadelphia Blvd
Aberdeen, MD 21001
410-273-0400
newdaywellness.org

HOWARD COUNTY

On Our Own of Howard County, Inc.
6440 Dobbin Rd, Suite B
Columbia, MD 21045
410-772-7905
oohhci.org

MONTGOMERY COUNTY

Common Ground Wellness & Recovery Center (Sheppard Pratt) *
200 Girard St, Suite 203
Gaithersburg, MD 20877
301-605-1561
cynthia.elliott@sheppardpratt.org

Peer Wellness and Recovery Services, Inc.
240-292-9727
yarmeaux@gmail.com

Silver Spring Wellness & Recovery Center (Affiliated Santé Group) *
1400 Spring St, Suite 100
Silver Spring, MD 20910
301-589-2303, x108

PRINCE GEORGE'S COUNTY

On Our Own of Prince George's County, Inc.
5109 Baltimore Ave
Hyattsville, MD 20781
240-553-7308
onourownannapolis@gmail.com

ST. MARY'S COUNTY

On Our Own of St. Mary's County, Inc.
41665 Fenwick St #13
P.O. Box 1245
Leonardtown, MD 20650
301-997-1066
oooinsmc@verizon.net

WASHINGTON COUNTY

Office of Consumer Advocates, Inc. (OCA, Inc.)
121 E Antietam St
Hagerstown, MD 21740
301-790-5054
ocamd.org

Soul Haven (OCA, Inc.)
119 E Antietam St
Hagerstown, MD 21740
301-733-6676
ocamd.org

ABOUT OUR NETWORK

Unless noted, listed organizations are member affiliates of On Our Own of Maryland, Inc. Affiliates are independent peer-run nonprofits.

* Not a member affiliate

‡ LGBTQ-operated, with LGBTQ focus



On Our Own of Maryland, Inc.
7310 Esquire Ct
Mailbox 14
Elkridge, MD 21075

NONPROFIT ORG
U.S. POSTAGE PAID
BALTIMORE, MD
PERMIT NO. 4868

On Our Own of Maryland, Inc.

Mission

On Our Own of Maryland, Inc. (OOOMD) is a statewide peer-operated behavioral health advocacy and education organization which promotes equality, justice, autonomy, and choice about life decisions for individuals with mental health and substance use needs.

Vision

All areas of Maryland will have and maintain a continuum of behavioral health services that supports recovery and wellness for all and is guided by peers with mental health and/or substance use challenges.

Staff

Executive Director
Katie Rouse

Director of Operations
Michael Madsen

Fiscal Manager
Nancy Hall

Director of Community Engagement
Jennifer Brown

Anti-Stigma Project Coordinator
R.J. Barna

Community Engagement Assistant
Kris McElroy

Director of Network & Peer Empowerment
Michelle Livshin

Transitional Age Youth Project Coordinator
Kris Locus

Director of Peer Training Services
Kait Simon

Training Specialist
Huck Talwar